P129

CLINICAL RELEVANCE OF PAIN AND FUNCTION OUTCOMES IN GLUCOSAMINE SULFATE LONG-TERM TRIALS

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Aim of Study: The 2005 release of the Cochrane Review on glucosamine use in osteoarthritis outlined a moderate to large effect size on osteoarthritis symptoms in trials using the original crystalline glucosamine sulfate prescription preparation. Nevertheless, a small effect size was pointed out on WOMAC pain and function scores. Since the WOMAC index was used only in the two long-term 3-year trials with this formulation, we wanted to investigate whether the mild severity characteristics of the patients enrolled in such particular trials affected this effect size, and if the difference observed with placebo was in any case clinically relevant, besides being statistically significant.
Methods: Patients completing the 3-year treatment course in the randomised, double-blind, placebo-controlled trials of Reginster 2001 and Pavelka 2002, were pooled in a single database. The Minimal Clinically Important Improvement (MCII) and Patient Acceptable Symptom State (PASS) for WOMAC pain and function scores, were calculated according to Tubach 2005. The proportion of patients achieving such thresholds were compared between groups by the chi-square test.
Results: Out of the 259 completers (126 with placebo and 133 with glucosamine sulfate), over 50% were in PASS at the end of the studies regardless of treatment. However, they were 68.4% for WOMAC pain with glucosamine sulfate vs. 55.6% with placebo (p=0.033), and 63.9% vs. 50.0% on WOMAC function (p=0.024). Patients reporting MCII on WOMAC pain were 39.8% vs. 27.8%, respectively (p=0.040).
Conclusions: The mild severity characteristics of the patients enrolled in the two long-term trials with glucosamine sulfate allowed the vast majority of them to be in an acceptable symptom state, thus preventing the possibility of observing the moderate to large effect size for improvement that was reported in shorter studies. Nevertheless, there was a clinically relevant and significant difference of 10-15% in favor of glucosamine sulfate in the proportion of patients reaching MCII and PASS on pain and function.

P130

EVALUATION OF THE CLINICAL RELEVANCE OF THE SYMPTOMATIC EFFICACY OF LUMIRACOXIB IN OSTEOARTHRITIS UTILISING THE PATIENT ACCEPTABLE SYMPTOM STATE (PASS) CONCEPT

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Aim: The PASS is an absolute threshold value proposed for symptomatic variables in osteoarthritis (OA) to determine the point beyond which patients consider themselves well. The PASS differs from the baseline-dependent minimal clinically important difference. If the patient meets the PASS threshold, they achieve an acceptable symptom state regardless of their change from baseline in visual analogue scale (VAS) score. This makes the PASS a clinically relevant treatment target. In knee OA, PASS thresholds (on a 0–100 VAS scale) have been recently proposed as 32.3 mm for pain, 32.0 mm for patient's global assessment of disease activity and 31.0 mm for the WOMAC™ function subscale score. In previous analyses, lumiracoxib 100 mg once daily (od) was found to be significantly superior to placebo and non-inferior to celecoxib 200 mg od after 13 weeks in knee OA with respect to standard OA outcome variables. To assess the clinical relevance of these results from the perspective of the patient, the same data pooled from two large studies of knee OA were analyzed with respect to the PASS criteria for knee OA.
Methods: A total of 3235 patients were included in two multicenter, randomized, double-blind studies of identical design. Patients with an OA pain intensity in the target knee $\geq$40 mm on a 100 mm VAS were included; no flare was required. After a 3–7-day washout of previous NSAID/analgesic therapy, patients were randomized to receive lumiracoxib 100 mg od (n=811), lumiracoxib 100 mg od with a loading dose of lumiracoxib 200 mg od for the first two weeks (n=805), celecoxib 200 mg od (n=813) or placebo (n=806) for 13 weeks. The average effect of the two lumiracoxib 100 mg od regimens at 13 weeks was contrasted with the effects of celecoxib and placebo. Treatments were compared with respect to the PASS criteria (for OA pain, patient's global assessment of disease activity, and the WOMAC™ function [difficulty in performing daily activities] sub-scale score).
Results: Significant proportions of patients on lumiracoxib achieved a PASS (all three definitions) and lumiracoxib was significantly superior to placebo (all $p<0.05$).
Conclusion: PASS is an important concept in determining the clinical relevance of OA treatments. Percentages of patients on lumiracoxib 100 mg od who achieved a PASS were similar to those on celecoxib 200 mg od and significantly superior to those on placebo. This post-hoc analysis using PASS criteria suggests that the efficacy of lumiracoxib 100 mg od is of clinical relevance from the patient's perspective.

Abstract P130 – Table 1. Percentage of patients achieving the PASS threshold criteria

PASS threshold criteria	Lumiracoxib 100 mg od (n=1616)	Celecoxib 200 mg od (n=813)	Placebo (n=806)
OA pain intensity (100 mm VAS) č32.3	44.3*	42.2*	35.4
Patient global assessment of disease activity (100 mm VAS) č32.0	43.3*	39.5*	32.7
WOMACTM function sub-scale score (100 mm VAS) č31.0	41.5*	38.6*	29.4

* $p<0.05$ vs placebo.

P131

A TWO-YEAR FOLLOW-UP OF A RANDOMIZED TRIAL TO COMPARE THE EFFICACY OF LATERAL WEDGED INSOLES WITH SUBTALAR STRAPPING AND IN-SHOE LATERAL WEDGED INSOLES IN PATIENTS WITH VARUS DEFORMITY OSTEOARTHRITIS OF THE KNEE

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Aim of Study: In our previous study, we demonstrated that insoles with subtalar strapping (the strapped insole) maintained the valgus correction of the femorotibial angle (FTA) in patients with osteoarthritis varus deformity of the knee (knee OA) for six months. However, the six-month observation period was too short to evaluate the effect of the strapped insole on the progression of varus deformity of knee OA. Therefore, we continued to assess